

SERVE SAFE _____
ALLERGY TR. _____

DATE RECEIVED:

DATE ISSUED:

PERMIT NO.
FSE -

YEAR **2012**

APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

CASH ☐

CHECK ☐



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: \$100 + Occupancy

Date _____

Name of Establishment _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>

NAME OF CERTIFIED FOOD MANAGER:

NAME PERSON WITH ALLERGEN AWARENESS TRAINING:

NOTE: As of **October 1, 2001**, at least one Certified Food Manager is required for all Food Service operations which handle potentially hazardous foods (PHFs). As of **February 1, 2011**, have a staff person who has completed allergen awareness training. A copy of each certificate must be on file at the Health Office. **Please include a copy of each certificate with this application.**

Type of Establishment	Duration of Permit	Amount to be Paid
Retail Food <input type="checkbox"/>		Total Fee(s):
Food Service <input checked="" type="checkbox"/>	Annual <input checked="" type="checkbox"/>	\$100 + \$ _____
Bar Service <input type="checkbox"/>		
Bakery <input type="checkbox"/>	Seasonal <input type="checkbox"/>	
Mobile Food <input type="checkbox"/>		
Mobile Retail <input type="checkbox"/>	Temporary <input type="checkbox"/>	
Residential <input type="checkbox"/>		
Bed & Breakfast <input type="checkbox"/>		

NEW
Page 2 must be filled out

OCCUPANCY PERMIT SEATING CAPACITIES:
ESTABLISHMENT SEATING CAPACITIES MUST BE LISTED ON PAGE 2 OF THIS APPLICATION.

Water Source _____

Sewage Disposal _____

Social Security or Federal ID#

Email Address

Signature of Individual or Corporate Officer

Telephone #

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Page 1 of 2

OCCUPANCY PERMIT SEATING CAPACITIES

List all seating facilities at your establishment based on your Northampton Building Department occupancy permit(s). Use the table below to calculate your seating charge and add that amount to the \$100 base permit amount.

DINING ROOMS

Location or Name	Capacity

BARS – LOUNGES – DECKS – PATIOS

Location or Name	Capacity

BANQUET & MEETING ROOMS

Location or Name	Capacity

Fee Calculation Table

Seating Capacity	Additional Fee
1-24	\$25
25-49	\$50
50-74	\$75
75-99	\$100
100-149	\$150
150-199	\$200
200-249	\$250
250-299	\$300
300-349	\$350
350-399	\$400
400-449	\$450
450-499	\$500
500-549	\$550
550-599	\$600
600-649	\$650
650-699	\$700